

Please type a plus sign (+) inside this box → **[+]**

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	SHP-PT048
First Named Inventor	Lo et al.
COMPLETE IF KNOWN	
Application Number	09/380,696
Int'l. Filing Date	March 4, 1998
Group Art Unit	Not Yet Known
Examiner Name	Not Yet Known

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole Inventor (if only one name is listed below) or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NON-INVASIVE PRENATAL DIAGNOSIS

the specification of which *(Title of the Invention)*

is attached hereto
OR

was filed on (MM/DD/YYYY) **03/04/1998** as United States Application Number or PCT International

Application Number **PCT/GB98/00890** and was amended on (MM/DD/YYYY) **09/03/99** (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or Inventor's certificate, or 385(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or Inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
9704444.0	Great Britain	03/04/1997	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)					
PCT/GB98/00690	03/04/1998						
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number <input type="text"/> → <input type="checkbox"/> Place Customer Number Bar Code Label here OR <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Name	Registration Number	Name	Registration Number				
Alfred Stapler Anthony S. Volpe C. Frederick Koenig III Gerald B. Halt, Jr.	18,675 28,377 29,662 37,633	Glenn M. Massina Marliou E. Watson Jeffrey M. Glabicki	40,081 42,213 42,584				
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <input type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below							
Name	C. Frederick Koenig III, Esquire VOLPE and KOENIG, P.C.						
Address	400 One Penn Center						
Address	1617 John F. Kennedy Blvd.						
City	Philadelphia	State	PA	ZIP	19103		
Country	U.S.A.	Telephone	(215) 568-6400	Fax	(215) 568-6499		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any)		Family Name or Surname					
Yuk-Ming Dennis		Lo					
Inventor's Signature					Date	23 Nov 1998	
Residence: City	Homantin, Kowloon	State	Hong Kong	Country	China	Citizenship	British
Post Office Address	Department of Chemical Pathology						
Post Office Address	The Chinese University of Hong Kong, Prince of Wales Hospital						
City	Shatin, New Ter.	State	Hong Kong	ZIP		Country	China
<input checked="" type="checkbox"/> Additional Inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-87)

Approved for use through 04/30/98. OMB 0651-0032

Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
James Stephen		Wainscoat				
Inventor's Signature	<i>James Stephen.</i>				Date	
Residence: City	Oxford	State	Country	United Kingdom	Citizenship	British
Post Office Address	14 Woodlands Close					
Post Office Address						
City	Oxford	State	ZIP	OX3 7RY	Country	United Kingdom
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature					Date	
Residence: City		State	Country		Citizenship	
Post Office Address						
Post Office Address						
City		State	ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature					Date	
Residence: City		State	Country		Citizenship	
Post Office Address						
Post Office Address						
City		State	ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.